

**MULTIPLE DEPENDENT CLAIM
- FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 6977791
~~10 6517643~~

FILING DATE

10-30-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8		1		1		
9		1		1		
10	1		1			
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50						
TOTAL IND.	14	↓	22	↓		↓
TOTAL DEP.	12	←	12	←		←
TOTAL CLAIMS	26		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						